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CONFIRMATION NO. 1467

<b>SERIAL NUMBER</b> 10/072,605	<b>FILING OR 371(c) DATE</b> 02/05/2002 <b>RULE</b>	<b>CLASS</b> 427	<b>GROUP ART UNIT</b> 2853	<b>ATTORNEY DOCKET NO.</b> ODC2000-1-CIPB
<b>APPLICANTS</b> Michael J. Renn, Albuquerque, NM;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/060,960 01/30/2002 ABN which is a CIP of 09/584,997 06/01/2000 PAT 6,636,676 which is a CIP of 09/408,621 09/30/1999 ABN <i>OK OO</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US01/14841 05/30/2001 <i>OK OO</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/03/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Julian Hoffman</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 15
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 05179				
<b>TITLE</b> DIRECT WRITE TM SYSTEM				
<b>FILING FEE RECEIVED</b> 810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	